

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO

John A Lynn^{SR}

(ENTER ABOVE THE NAME OF THE PLAINTIFF IN THIS ACTION)

IF THE PLAINTIFF IS A PRISONER: PRISONER # _____

vs.

Zanesville Police Department "et al."

(ENTER ABOVE THE NAME OF THE DEFENDANT IN THIS ACTION)

IF THERE ARE ADDITIONAL DEFENDANTS PLEASE LIST THEM:

COMPLAINT

I. PARTIES TO THE ACTION:

PLAINTIFF: PLACE YOUR NAME AND ADDRESS ON THE LINES BELOW. THE ADDRESS YOU GIVE MUST BE THE ADDRESS THAT THE COURT MAY CONTACT YOU AND MAIL DOCUMENTS TO YOU. A TELEPHONE NUMBER IS REQUIRED.

John A. Lynn^{SR}

NAME - FULL NAME PLEASE - PRINT

608 Nancy AVE

ADDRESS: STREET, CITY, STATE AND ZIP CODE

Zanesville OH 43701

220-203-5425

TELEPHONE NUMBER

IF THERE ARE ADDITIONAL PLAINTIFFS IN THIS SUIT, A SEPARATE PIECE OF PAPER SHOULD BE ATTACHED IMMEDIATELY BEHIND THIS PAGE WITH THEIR FULL NAMES, ADDRESSES AND TELEPHONE NUMBERS. IF NO ADDITIONAL PLAINTIFFS EXIST CONTINUE WITH THIS FORM.

PAGE 2 AND 3 OF THIS FORM DEAL ONLY WITH A PLAINTIFF THAT IS INCARCERATED AT THE TIME OF FILING THIS COMPLAINT.

IF YOU ARE A PRISONER FILING A CIVIL SUIT THE FOLLOWING INFORMATION IS REQUIRED:

PREVIOUS LAWSUITS:

- A. HAVE YOU BEGUN OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION OR OTHERWISE RELATING TO YOUR IMPRISONMENT? YES () NO ☒
- B. IF YOUR ANSWER TO A IS YES, DESCRIBE THE LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THE SAME OUTLINE.)

1. PARTIES TO THIS PREVIOUS LAWSUIT

PLAINTIFFS:

DEFENDANTS:

2. COURT (IF FEDERAL COURT, NAME THE DISTRICT: IF STATE COURT, NAME THE COUNTY)

3. DOCKET NUMBER

4. NAME OF THE JUDGE TO WHOM THE CASE WAS ASSIGNED

5. DISPOSITION (FOR EXAMPLE, WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING?)

6. APPROXIMATE DATE OF THE FILING OF THE LAWSUIT

7. APPROXIMATE DATE OF THE DISPOSITION

PLACE OF PRESENT CONFINEMENT

- A. IS THERE A PRISONER GRIEVANCE PROCEDURE IN THIS INSTITUTION?
YES () NO ☒
- B. DID YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT IN THIS STATE PRISONER GRIEVANCE PROCEDURE? YES () NO ☒
- C. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

2. WHAT WAS THE RESULT?

- D. IF YOUR ANSWER IS NO, EXPLAIN WHY NOT.

I was in Eamesville City Jail
and when I attempted to make
a complaint I was verbally attacked
by several officers in booking.

- E. IF THERE IS NO PRISON GRIEVANCE PROCEDURE IN THIS INSTITUTION, DID YOU COMPLAIN TO PRISON AUTHORITIES? YES ☒ NO ()

- F. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

I attempted to talk to several officers
and again was verbally attacked.
My sister called Sgt Banks who made
jokes about it.

2. WHAT WAS THE RESULT?

No results

DEFENDANTS:

PLACE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON THE FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT APPEARS WITH FULL ADDRESS FOR PROPER SERVICE.

1. Zanesville City Jail "et al,"
NAMES - FULL NAME PLEASE

ADDRESS - STREET, CITY, STATE AND ZIP CODE

2. 1801 N. Main St Zanesville City Jail

3. _____

4. _____

5. _____

6. _____

IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM.

STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

IF YOU HAVE A NUMBER OF DIFFERENT CLAIMS; PLEASE NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. USE AS MUCH SPACE AS YOU NEED. YOU ARE NOT LIMITED TO THE PAPERS WE GIVE YOU. ATTACH EXTRA SHEETS THAT DEAL WITH YOUR STATEMENT CLAIM IMMEDIATELY BEHIND THIS PIECE OF PAPER.

On July 19th 2019 I was arrested
At my home at 1062 Brandywine
by Zanesville City Police for
trespassing in a habitation.
I was taken to Police Station
through the Sally Port to
booking. I had about 3 beers
and 2 Zanax this day but
I did not do no other
substances. I was arrested
around 3:45pm. Once in
booking I argued with a
few correction officers about
changing and putting my hands on top
of the desk, at that time they started
yelling and threatening me if I
didn't cooperate there would be
problems. They continued to
threaten me for a couple hours coming
at me. The next thing I remember
is waking up in a cell with staples
in my head. (17 staples) I asked who
did it again about 5-11 CO's come
toward me yelling and threatening me
again backing me into my cell.
They tried telling my sister when she

Called that I fell then she
talked to Srgt Lambos and
he made Joke's saying I
tripped over a horse also
saying I fell over toys at
home. Srgt Lambos told
my sister (Tolena Morrison) to
go to records and look at
video of what happened.
When she went to Records
she was threatened to be
arrested by Det. Andrews
also followed outside threatening
her not to come back.
I did not fall NOR did I
overdose 5 hours after
being booked in. I was
beaten in jail. I
continue to have dizziness
and migraines.

RELIEF

IN THIS SECTION PLEASE STATE (WRITE) BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT, CITE NO CASES OR STATUTES.

I want the COURT to
take action against the
Jail and everyone involved.
I want to be compensated
for my injury and
continued problems from this
assault.

SIGNED THIS 9th DAY OF November 2020.

John Lynn Sr
SIGNATURE OF PLAINTIFF